

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>me</i>	<i>75</i>	<i>4-25</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	01-30	01-30
2	✓	01-30	01-30
3	✓	01-30	01-30
4	✓	01-30	01-30
5	✓	01-30	01-30
6	✓	01-30	01-30
7	✓	01-30	01-30
8	✓	01-30	01-30
9	✓	01-30	01-30
10	✓	01-30	01-30
11	✓	01-30	01-30
12	✓	01-30	01-30
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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